Initial Approval Date: July 10, 2019
Revised Dates: October 9, 2019

CRITERIA FOR PRIOR AUTHORIZATION

Crohn's Disease Agents

BILLING CODE TYPE For drug coverage and provider type information, see the KMAP Reference Codes webpage.

MANUAL GUIDELINES Prior authorization will be required for all current and future dose forms available. All medication-specific criteria, including drug-specific indication, age, and dose for each agent is defined in table 1 below.

Infliximab (Remicade®, Inflectra®, Ixifi™, Renflexis®)
Adalimumab (Humira®, Amjevita™, Cyltezo™, Hyrimoz™, Hadlima™)
Certolizumab (Cimzia®)
Vedolizumab (Entyvio®)
Natalizumab (Tysabri®)
Ustekinumab (Stelara®)

GENERAL CRITERIA FOR INITIAL PRIOR AUTHORIZATION: (must meet all of the following)

- Must be approved for the indication, age, and not exceed dosing limits listed in Table 1.
- Must be prescribed by or in consultation with a gastroenterologist.
- Patient must meet ONE of the following for induction of remission, defined as the patient is asymptomatic or without any symptomatic inflammatory sequelae:[1]
  - H~~have h~~ad an adequate trial (at least 2 weeks)[1] ~~(at least 90 consecutive days)~~ of an oral systemic corticosteroid equivalent to 40-60mg/day prednisone with a planned dose taper.
  - Had an inadequate response within 3-5 days[2] of an intravenous corticosteroid (IVCS) equivalent to 40-60mg/day methylprednisolone for the induction of remission.[1] ~~or~~
  - Have a~~-~~ contraindication to corticosteroids.
  - Required surgery for the induction of remission.[1]
- Patient must have had a relapse despite an adequate trial (at least 8 weeks)[1] of the continuous use of a conventional therapy or contraindication to all conventional therapies listed in Table 2 ~~methotrexate~~ for the maintenance of remission.[1] ~~Remission can be induced by corticosteroids (not listed).[1] If the patient has a contraindication to methotrexate, the patient must have an adequate trial of at least one other conventional therapy or contraindication to all conventional therapies listed in Table 2.[1]~~
  - Maintenance of remission is defined as ~~met by~~ the patient continues to meet the definition of remission as a described above, does not require the use of corticosteroids to achieve clinical well-being, and ONE of the following:[1]
    - Endoscopic Remission: mucosal healing as determined by endoscopy. Must meet one of the following:[1]
      - Simple Endoscopic Score for Crohn's disease (SES-CD) score ≤ 2.[1]
      - Rutgeert's Score (for surgical patients only) ≤ i1.[1]
    - Patient is a post-surgical patient at high risk of recurrence.[1]
- For all agents listed, the preferred PDL drug, if applicable, which treats this PA indication, is required unless the patient meets the non-preferred PDL PA criteria.
- Prescriber must provide the baseline of one of the following:
  - Patient has moderately to severely active disease, defined as at least one of the following:
    - ~~Crohn's Disease Activity Index (CDAI) score > 220.[1]~~Simple Endoscopic Score for Crohn's disease (SES-CD) score > 7.[1]
    - Rutgeert's Score (for surgical patients only) > i1.[1]

- For all requested immunomodulating biologics or janus kinase (JAK) inhibitors, patient must not concurrently be on another immunomodulating biologic or JAK inhibitor listed in Table 3. After discontinuing the current immunomodulating biologic or JAK inhibitor, the soonest that a new immunomodulating biologic or JAK inhibitor will be authorized is at the next scheduled dose.
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Table 1. FDA-approved age and dosing limits for Crohn's Disease (CD) Agents.[3-15][8][2,7]

Medication	Indication(s)	Age	Dosing Limits
Interleukin-12 and -23 Inhibitors			
Ustekinumab (Stelara™)	Moderate to Severe active CD	≥ 18 years	IV: ≤ 55 kg: 260 mg as a single dose. >55-85 kg: 390 mg as a single dose. >85 kg: 520 mg as a single dose. SC: 90 mg every 8 weeks beginning 8 weeks after the IV induction dose.
Selective Adhesion-Molecule Inhibitor			
Natalizumab (Tysabri®)	Moderate to Severe active CD	≥ 18 years	300 mg IV every 4 weeks
Vedolizumab (Entyvio®)	Moderate to Severe active CD	≥ 18 years	300 mg IV at 0, 2, and 6 weeks, and then every 8 weeks thereafter.
Tumor Necrosis Factor-Alpha (TNF-α) Blockers			
Adalimumab (Humira®)	Moderate to Severe active CD	≥ 6 years and at least 17 kg	17- <40 kg: 80 mg initially SC on day 1, followed by 40 mg 2 weeks later (day 15) and then 20 mg every other week beginning 2 weeks later (day 29). ≥ 40 kg: 160 mg initially SC on day 1 (given on day 1 or split and given over 2 consecutive days), followed by 80 mg 2 weeks later (day 15) and then 40 mg every other week beginning 2 weeks later (day 29).
Adalimumab (Amjevita™, Cyltezo™, Hyrimoz™, Hadlima™)	Moderate to Severe active CD	≥ 18 years	≥ 40 kg: 160 mg initially SC on day 1 (given on day 1 or split and given over 2 consecutive days), followed by 80 mg 2 weeks later (day 15) and then 40 mg every other week beginning 2 weeks later (day 29).
Certolizumab (Cimzia®)	Moderate to Severe active CD	≥ 18 years	400 mg initially SC at weeks 0, 2, and 4 followed by 400 mg every 4 weeks.
Infliximab (Remicade®, Renflexis™, Inflectra®, Ixifi™)	Moderate to Severe active CD	≥ 6 years	5 mg/kg at IV 0, 2, and 6 weeks, then every 8 weeks. May increase to 10mg/kg if response is lost.

SC: subcutaneous. IV: intravenous

LENGTH OF APPROVAL (INITIAL): 12 months

CRITERIA FOR RENEWAL PRIOR AUTHORIZATION: (must meet all of the following)

- Prescriber must provide ~~at least one of~~ the following response measure(s):
  - ~~o~~ Maintenance of remission (defined above) which includes: the patient continues to meet the definition of remission as a described above, does not require the use of corticosteroids to achieve clinical well-being, and ONE of the following~~Clinical response, defined as Crohn's Disease Activity Index (CDAI) reduction of at least 100 compared to baseline.[4,5,7]~~
  - ~~o~~ ~~Induction of remission, defined as:~~[1]
    - ~~CDAI < 150.[1]~~
    - SES-CD ≤ 2.[1]
    - Rutgeert's Score ≤ i1.[1]~~Complete or partial mucosal healing as determined by endoscopy.[1]~~
- Must not exceed dosing limits listed in Table 1.
- For all requested immunomodulating biologics or janus kinase (JAK) inhibitors, patient must not concurrently be on another immunomodulating biologic or JAK inhibitor listed in Table 3. After discontinuing the current

immunomodulating biologic or JAK inhibitor, the soonest that a new immunomodulating biologic or JAK inhibitor will be authorized is at the next scheduled dose.

LENGTH OF APPROVAL (RENEWAL): 12 months

FOR DRUGS THAT HAVE A CURRENT PA REQUIREMENT, BUT NOT FOR THE NEWLY APPROVED INDICATIONS, FOR OTHER FDA-APPROVED INDICATIONS, AND FOR CHANGES TO AGE REQUIREMENTS NOT LISTED WITHIN THE PA CRITERIA:

- **THE PA REQUEST WILL BE REVIEWED BASED UPON THE FOLLOWING PACKAGE INSERT INFORMATION: INDICATION, AGE, DOSE, AND ANY PRE-REQUISITE TREATMENT REQUIREMENTS FOR THAT INDICATION.**

LENGTH OF APPROVAL (INITIAL AND RENEWAL): 12 months

Table 2. List of conventional therapy in the treatment of CD.[1]

Conventional Crohn's Disease Therapies	
Generic Name	**Brand Name**
*Azathioprine	Azasan®, Imuran®
*Mercaptopurine	Purinethol®
Methotrexate	Trexall®, Rheumatrex®, Otrexup®, Rasuvo®

*Thiopurines

Table 3. List of immunomodulating biologic agents/janus kinase inhibitors (agents not to be used concurrently).

Immunomodulating Biologic Agents/Janus Kinase Inhibitors		
Actemra® (tocilizumab)	Humira® (adalimumab)	Rituxan® (rituximab)
Amevive® (alefacept)	Hyrimoz™ (adalimumab-adaz)	Ruxience™ (rituximab-pvvr)
Amjevita™ (adalimumab-atto)	Ilaris® (canakinumab)	Siliq® (brodalumab)
Cimzia® (certolizumab)	Ilumya™ (tildrakizumab-asmn)	Simponi® (golimumab)
Cinqair® (reslizumab)	Inflectra® (infliximab-dyyb)	Simponi Aria (golimumab)
Cosentyx® (secukinumab)	Ixifi™ (infliximab-qbtx)	Skyrizi™ (Risankizumab)
Cyltezo™ (adalimumab-adbm)	Kevzara® (sarilumab)	Stelara® (ustekinumab)
Dupixent® (benralizumab)	Kineret® (anakinra)	Taltz® (ixekizumab)
Enbrel® (etanercept)	Nucala® (mepolizumab)	Tremfya® (guselkumab)
Entyvio® (vedolizumab)	Olumiant® (baricitinib)	Tysabri® (natalizumab)
Erelzi™ (etanercept-szzs)	Orencia® (abatacept)	Xeljanz® (tofacitinib)
Eticovo® (etanercept-ykro)	Remicade® (infliximab)	Xeljanz XR® (tofacitinib)
Fasenra™ (benralizumab)	Renflexis® (infliximab-abda)	Xolair® (omalizumab)
Hadlima™ (adalimumab-bwwd)	Rinvoq™ (upadacitinib)	

Table 4. Relative Potencies for Oral/Intravenous Corticosteroids.[16]

Glucocorticoid	Relative Potency
Short-Acting	
Cortisone	25
Hydrocortisone	20
Intermediate-Acting	
Prednisone	5
Prednisolone	5
Methylprednisolone	4
Long-Acting	
Dexamethasone	0.75

Table 4 is intended for reference only.

Notes:

- There are 3 factors that are especially predictive of post-surgical recurrence: active tobacco smoking, penetrating disease (i.e., fistulas, abscesses, and intestinal perforation), and prior history of surgery for CD.[1]
- Other contributing factors for post-surgical recurrence include: a shorter time interval between CD diagnosis and need for surgery (<10 years), disease location in the ileum and colon (rather than ileum alone), perianal fistula, more severe disease leading to surgery, a longer segment of bowel requiring resection, and the need for corticosteroids before surgery.[1]

References

1. ACG Clinical Guideline: Management of Crohn's Disease in Adults. Am J Gastroenterol 2018; 113:481-517. https://gi.org/guidelines/. Accessed 5/22/19.
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~~2.~~3. Remicade (infliximab) [package insert]. Horsham, PA: Janssen Biotech, Inc; Jun 2018.
~~3.~~4. Humira (adalimumab) [package insert]. North Chicago, IL: AbbVie Inc.; Dec 2018.
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9. Amjevita (adalimumab-atto) [prescribing information]. Thousand Oaks, CA: Amgen Inc; March 2018.
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~~11.~~15. Ixifi (infliximab-qbtx) [prescribing information]. New York, NY: Pfizer; December 2017.
16. Solu-Medrol (methylprednisolone sodium succinate) [prescribing information]. New York, NY: Pfizer; July 2018.

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DRUG UTILIZATION REVIEW COMMITTEE CHAIR	PHARMACY PROGRAM MANAGER DIVISION OF HEALTH CARE FINANCE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
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